

## APPENDIX A

## GUIDE FOR GENEVA CONVENTIONS COMPLIANCE

## A-1. General

a. The conduct of armed hostilities on land is regulated by both written and unwritten law. This law of land warfare is derived from two principal sources—

- Practiced and accepted customs.
- Lawmaking treaties, such as the Hague and Geneva Conventions.

b. The rights and duties set forth in these sources are part of the supreme law of the land; a violation of any one of them is a serious offense.

c. An in-depth discussion of the provisions applicable to medical units and personnel is provided in FM 8-10 and FM 27-10.

## A-2. Distinctive Markings and Camouflage of Medical Facilities and Evacuation Platforms

**This paragraph implements STANAG 2027 and QSTAG 512.**

a. All US medical facilities and units, except veterinary, display the distinctive flag of the Geneva Conventions. This flag consists of a red cross on a white background. It is displayed over the unit or facility and in other places as necessary to adequately identify the unit or facility as medical.

**This paragraph implements STANAG 2931.**

b. Camouflage of medical facilities (medical units, medical vehicles, and medical aircraft on the ground) is authorized when the lack of camouflage might compromise the tactical operation. If the failure to camouflage endangers or compromises tactical operations, the camouflage of medical facilities may be ordered by a NATO commander of at least brigade level or equivalent. Such an order is to be temporary and local in nature and is countermanded as soon as circumstances permit. It is not envisioned that large, fixed medical facilities will be camouflaged.

## NOTE

As used in this context, camouflage means to cover up or remove the emblem. The black cross on an olive background is not a recognized emblem of the Geneva Conventions and is not authorized for use.

**A-3. Self-Defense and Defense of Patients**

*a.* When engaging in CHS operations, medical personnel are entitled to defend themselves and their patients. They are only permitted to use individual small arms.

*b.* Medical personnel are only permitted to fire when they or their patients are threatened with attack by the enemy. Self-defense by medical personnel or the defense of their patients is always permitted.

**A-4. Enemy Prisoners of War**

*a.* Sick, injured, or wounded EPW are treated and evacuated through medical channels, but are physically segregated from US or allied patients. The EPW patient is evacuated from the combat zone as soon as his medical condition permits.

*b.* Personnel resources to guard EPW patients are provided by the echelon commander. Medical personnel DO NOT guard EPW patients.

**A-5. Compliance with the Geneva Conventions**

*a.* As the US is a signatory to the Geneva Conventions, all medical personnel should thoroughly understand the provisions that apply to CHS activities. Violation of these Conventions can result in the loss of the protection afforded by them or prosecution. Medical personnel should inform the tactical commander of the consequences of violating the provisions of these Conventions.

*b.* The following acts are inconsistent with an individual or facility claiming protected status under the Geneva Conventions:

- Medical personnel are used to man or help man the perimeter of nonmedical facilities, such as unit trains, logistics areas, or base clusters.
- Medical personnel are used to man any offensive-type weapons or weapons systems.
- Medical personnel are ordered to engage enemy forces other than in self-defense or in the defense of patients and MTFs.
- Crew-served weapons are mounted on a medical vehicle.
- Mines or booby traps are placed in and around medical units and facilities.
- Hand grenades, light antitank weapons, grenade launchers, or any weapons other than rifles and pistols are issued to a medical unit or its personnel.
- The site of a medical unit is used as an observation post, a fuel dump, or an ammunition storage site.

- c. Possible consequences of violations described in *b* above are—
- Loss of protected status for the medical unit and personnel.
  - Medical facilities attacked and destroyed by the enemy.
  - Medical personnel being considered prisoners of war rather than retained persons when captured.
  - Combat health support capabilities decremented.
  - Prosecution for violations of the law of war.
- d. Other examples of violations of the Geneva Conventions include—
- Making medical treatment decisions for the wounded and sick on any basis other than medical priority, urgency, or severity of wounds.
  - Allowing the interrogation of enemy wounded or sick even though medically not recommended.
  - Allowing anyone to kill, torture, mistreat, or in any way harm a wounded or sick enemy soldier.
  - Marking nonmedical unit facilities and vehicles with the distinctive emblem, or making any other unlawful use of this emblem.
  - Using medical vehicles marked with the distinctive Geneva Conventions emblem for transporting nonmedical troops, equipment, and supplies.
  - Using a medical vehicle as a tactical operations center.
- e. Possible consequences of violations described in *d* above are—
- Criminal prosecution for war crimes.
- Medical personnel being considered prisoners of war rather than retained persons when captured.

#### NOTE

The use of smoke and obscurants by medical personnel is not a violation of the Geneva Conventions (see FMs 8-10-6 and 3-50 for information on the use of smoke).